



“FOR HER GLORY”

In memory of Judy Piotrowski

Donation Form

Given by: (print as you wish to be recognized)

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

e-mail address: _____

Please accept my tax-deductible contribution to support the For Her Glory Fund of the North Georgia Community Foundation, a fund for preserving the dignity, self-esteem and sense of well being of cancer survivors who need wigs, prostheses, mastectomy bras or other items as a result of chemically induced baldness or mastectomy.

Enclosed is my tax-deductible gift of:

\$1000 \$500 \$100 \$50 \$25 other \$ _____

This gift is made in memory of _____

This gift is made in honor of _____

If you choose to make your donation by credit card, please call the Foundation at 770-535-7880 ext. 222

Please make check or money order payable to: North Georgia Community Foundation for “For Her Glory”, 615F Oak Street, Suite 1300 Gainesville, GA 30501